

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90060 041 \*\*\*150.00

**DOCUMENT # S44962**

1. Entity Name

TONY DIMATTEO C.P.O., INC.



Principal Place of Business

12121, 98TH AVE. N.  
SEMINOLE FL 33772  
US

Mailing Address

P.O. BOX 4191  
SEMINOLE FL 33775  
US

34029510



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-3059572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMATTEO, TONY  
12121 98TH AVE N  
SEMINOLE FL 33772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	DIMATTEO, TONY	
STREET ADDRESS	12121 98TH AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DIMATTEO, SUSAN P	
STREET ADDRESS	12121, 98TH AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *A.P. Dimatteo* / **A.P. DIMATTEO** *PRE 4/7/04 (727)3985820*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #